

WAC 246-976-820 Designation standards for facilities providing level III pediatric trauma care service--Basic resources and capabilities.

A facility with a designated level III pediatric trauma care service shall have:

(1) An emergency department with:

(a) A physician director who:

- (i) Is board-certified in emergency medicine or pediatric emergency medicine;
- (ii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine; and
- (iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine;

(b) Physicians who:

- (i) Have special competence in the resuscitation and care of pediatric trauma patients;
- (ii) Are available within five minutes of patient's arrival in the emergency department;
- (iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;
- (iv) Have completed the PER as defined in WAC 246-976-887, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and
- (v) Are designated as members of the trauma team;

(c) Registered nurses who:

- (i) Have completed the PER as defined in WAC 246-976-887;
- (ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;
- (iii) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for pediatric resuscitation, with equipment for resuscitation and life support of pediatric patients, including equipment as described in WAC 246-976-620;

(e) Routine radiological capabilities, by a technician available within twenty minutes of notification of team activation.

(2) A surgery department, including an attending surgeon who is:

On-call and available within thirty minutes of notification of team activation; and

- (a) Has general surgery privileges, with special competence in pediatric care;
- (b) Has completed the PER as defined in WAC 246-976-887;
- (c) Has ATLS, except this requirement shall not apply to a physician board-certified in surgery.

- (3) An operating room available within five minutes of notification of team activation, with:
 - (a) A registered nurse or designee of the operating room staff who is available within five minutes of notification of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;
 - (b) Other essential personnel on-call and available within thirty minutes of notification of team activation;
 - (c) A written policy providing for mobilization of additional surgical teams for pediatric trauma patients.
 - (d) Instruments and equipment appropriate for pediatric surgery, including equipment as described in WAC 246-976-620;
- (4) A post-anesthetic recovery unit with:
 - (a) Essential personnel on-call and available twenty-four hours a day;
 - (b) Nurses ACLS trained;
 - (c) Nurses who have completed the PER as defined in WAC 246-976-887;
 - (d) Appropriate monitoring and resuscitation equipment;
- (5) Availability of pediatric critical care, with:
 - (a) A written transfer agreement and guidelines for pediatric trauma patients requiring critical care services; or
 - (b) A pediatric critical care unit in accordance with standards as delineated for level II pediatric trauma service in WAC 246-976-780(5), except the medical director or codirector shall be board-certified in pediatrics or another relevant specialty with special competence in pediatric critical care;
 - (c) A physician with special competence in pediatric critical care, available within five minutes of notification;
 - (d) A physician-directed code team;
 - (e) Pediatric critical care nursing, with registered nurses who have:
 - (i) Special competence in pediatric trauma care; and
 - (ii) Completed the PER as defined in WAC 246-976-887;
 - (f) Equipment as described in WAC 246-976-620 and WAC 246-976-825.
- (6) Respiratory therapy on-call and available within five minutes of notification;
- (7) A clinical laboratory technologist available within twenty minutes of notification;
- (8) Clinical laboratory services, including:
 - (a) Standard analyses of blood, urine, and other body fluids;
 - (b) Coagulation studies;
 - (c) Blood gases and pH determination;
 - (d) Microbiology;
 - (e) Serum alcohol and toxicology determination; and
 - (f) Microtechnique.

- (9) Blood and blood-component services, including:
 - (a) Blood and blood components available from in-house or through community services, to meet patient needs;
 - (b) Noncrossmatched blood available on patient arrival in the emergency department;
 - (c) Blood typing and cross-matching;
 - (d) Policies and procedures for massive transfusion;
 - (e) Autotransfusions; and
 - (f) Blood storage capability;
- (10) Radiological services, including a technician on-call and available within twenty minutes of notification, able to perform:
 - (a) Routine radiological studies;
 - (b) Computerized tomography;
- (11) Acute dialysis capability, or written transfer agreements;
- (12) Written transfer guidelines in accordance with the guidelines of the American Burn Association, and transfer agreements for burn care;
- (13) (a) Written transfer guidelines and agreements for patients with head or spinal cord injuries; or
 - (b) Have neurosurgery, with a neurosurgeon on-call and available within thirty minutes of request by the trauma team leader.
 - (c) Early transfer to an appropriate designated trauma rehabilitation service shall be considered;
- (14) A trauma rehabilitation coordinator to facilitate the pediatric trauma patient's access to pediatric rehabilitation services;
- (15) (a) A designated pediatric trauma rehabilitation service; or
 - (b) Written agreements to transfer patients to a designated pediatric trauma rehabilitation service when medically feasible.
- (16) (a) A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft; or
 - (b) Have a written policy and procedures addressing the receipt of patients by air, and transfer of patients to other designated trauma services by ground or air.